

REMARKS

Applicants have carefully considered the November 30, 2006 Office Action, and the amendments above together with the comments that follow are presented in a bona fide effort to address all issues raised in that Action and thereby place this case in condition for allowance. Claims 1-12 and 15-23 were pending in this application. Claims 21-23 were allowed. Dependent claims 2, 6-12 and 15-20 (as depended from claims 2, 6 and 12) were objected to as being allowable if recast in independent form.

In response to the Office Action dated November 30, 2006, claim 1 has been canceled and claims 2, 3, 6 and 15-20 have been amended. Adequate descriptive support for the present Amendment should be apparent throughout the originally filed disclosure as, for example, the depicted embodiments (Fig. 8) and related discussion thereof in the written description of the specification, including the description of the first embodiment of the specification. Applicants submit that the present Amendment does not generate any new matter issue. Entry of the present Amendment is respectfully solicited. It is believed that this response places this case in condition for allowance. The claims have been amended to correspond to the Examiner's indication of allowable subject matter. Accordingly, no new search and/or consideration are required.

Claims 1 and 3-5 were rejected under 35 U.S.C. § 102(b) as being anticipated over Bergersen et al. (U.S. Pat. No. 5,500,964, hereinafter "Bergersen"). Applicants respectfully traverse. Claim 1 has been cancelled and claim 2 (indicated as allowable) was recast in independent form to include the subject matter of claim 1. The dependency of claim 3 has been amended to depend from claim 2. Accordingly, the rejection is moot.

Moreover, in general, the most stable posture for a person using a nursing-care bed is a flexion position with knees bent and hips flexed. For this reason the caregiver, when moving the care recipient from a supine to a lateral position, preferably adjusts the person's posture to be suitably placed in a flexion position. While conventional turning beds are capable of making a flexion position using the connected platform, they do not, however, go as far as to perform the operation of making a stable postural change toward one side of the bed while maintaining the flexion position.

In the adjustable bed of claim 2, however, the flex mechanism and the side-member lift mechanism are driven independently of each other, and control is exercised to lift the side member in the direction of tilting by the tilt mechanism. According to this construction, the care recipient is able to achieve postural changes to a flexion position and from a supine to a lateral position using the turning bed, so that positional changes from a supine to a lateral position and vice versa are performed excellently by operations that are just like those carried out by the guiding hand of a caregiver. Also, by bringing the operational angles of the tilt mechanism and the side-member lift mechanism in agreement with each other at the time of postural changes, the postural changes can be performed with high stability. This enables the care recipient to achieve postural changes while in a flexion position, which exerts the least burden on the care recipient's body. Accordingly, it is possible for the care recipient to look forward to an easing of the physical discomfort and psychological anxiety experienced to date. The care recipient is thus able to comfortably face postural changes, and the occurrence of decubitus ulcers can be effectively suppressed.

In contrast, Bergersen relates to a surgical bed used for surgery in a hospital. This bed includes the connected platform that allows for flexion in the bed length direction, and the wings

37 and 38 movably provided on part of the surface of the platform by hinges (FIGS. 1 and 2). Each of the wings 37 and 38 is designed to open in the bed width direction with the hinge 34 of the subframe 32 disposed on the platform as the movable center, to encourage the postural change of the patient while flexing the connected platform (FIGS. 3 and 8).

However, as acknowledged by the Examiner, the surgical bed of Bergersen is clearly different from the invention of claim 2. While the wings 37 and 38 of Bergersen are provided on the platform, the side member of claim 2 is provided on the side in the bed width direction. Thus, their placement positions are different. Also, while the wings 37 and 38 of Bergersen are the means for changing the posture of the patient toward the direction opposite to where one of the wings 37 and 38 is raised (that is, acting upon the patient from the back), the side member of claim 2 is such that the posture of the patient is changed by the tilt mechanism toward the side member which is raised (that is, acting upon the patient from the front). Furthermore, Bergersen provides the immobile side members 20 separately from the wings 37 and 38, where the side members 20 are differentiated from the wings 37 and 38. The present invention and Bergersen are different in this structure as well. Thus, the wings 37 and 38 of Bergersen and the side member of claim 2 are clearly different in both construction and function.

Dependent claims 15-20 were rejected under 35 U.S.C. § 103(a) as being unpatentable over Bergersen in view of either Larrimore, Zwickey, Miller, Gaylord or Stokes (5 separate rejections under 35 U.S.C. § 103(a)). Applicants respectfully request reconsideration and withdrawal of the rejections in view of the foregoing amendments to claims 15-20. Each of claims 15-20 have been rewritten in independent form to include the subject matter of claims 1 and 2. Accordingly, the rejections are moot.

It is believed that all pending claims are now in condition for allowance. Applicants therefore respectfully request an early and favorable reconsideration and allowance of this application. If there are any outstanding issues which might be resolved by an interview or an Examiner's amendment, the Examiner is invited to call Applicants' representative at the telephone number shown below.

To the extent necessary, a petition for an extension of time under 37 C.F.R. 1.136 is hereby made. Please charge any shortage in fees due in connection with the filing of this paper, including extension of time fees, to Deposit Account 500417 and please credit any excess fees to such deposit account.

Respectfully submitted,

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